

By Express Mail #EV411353614US

Attorney Docket No.: 48900-22

Check box if applicable: ☐ DUPLICATE

**UTILITY PATENT APPLICATION TRANSMITTAL**

*Submit an original and a duplicate for fee processing*

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))



Dated: November 17, 2003

Mail Stop **Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): Albert J. KURPIS

For: Absorbent Neck Shield

Enclosed are:

- Transmittal letter (2x) with Fee Computation Sheet
- General Authorization For Payment of Fees (2x)
- Title Page, Specification, Claims 1 to 20 & Abstract ( pages [23])
- Unexecuted Declaration and Power of Attorney ( 3 p.)
- 8 sheet(s) of drawing(s) (Figs. 1 to 7C)
- Check for \$385 for filing fee
- Small Entity Status is claimed
- Information Disclosure Statement
- Form PTO/SB/08A
- Return Receipt Postcard

☐ Please charge my Deposit Account No. 03-2412 in the amount of \$\_. A duplicate copy of this sheet is enclosed.



17681 U.S. PTO  
11/7/03

By Express Mail #EV411353614US

Attorney Docket No.: 48900-22

## FILING FEE COMPUTATION SHEET

*Submit an original and a duplicate for fee processing*

Dated: November 17, 2003

Mail Stop **Patent Application**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**In re Application of: Albert J. KURPIS et al.**  
**For: Absorbent Neck Shield**

The filing fee has been calculated as shown below:

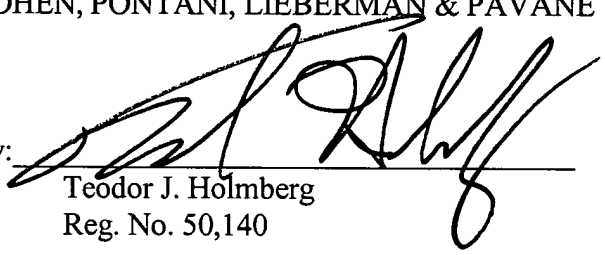
FOR:	Col. 1	Col. 2	SMALL ENTITY	OTHER THAN SMALL ENTITY
	# FILED	# EXTRA		
BASIC FEE			\$385	\$770
TOTAL CLAIMS	20 - 20 =		x 9 = \$	x 18 = \$
INDEPENDENT CLAIMS	2 - 3 =		x 43 = \$	x 86 = \$
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$145 = \$	+290 \$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL: \$385	\$

By Express Mail #EV411353614US

- [x] The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.
- [x] Any additional filing fees required under 37 CFR 1.16.
  - [x] Any patent application processing fees under 37 CFR 1.17
  - [x] Any filing fees under 37 CFR 1.16 for presentation of extra claims.
- [x] Priority is claimed for this invention and application, corresponding applications having been filed in **United States** on **November 15, 2002**, No. **60/426,720** respectively.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

By: \_\_\_\_\_

  
Teodor J. Holmberg  
Reg. No. 50,140

551 Fifth Avenue, Suite 1210  
New York, New York 10176  
Tel: (212) 687-2770  
Fax: (212) 972-5487

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Albert J. KURPIS

Serial No.: n/a

Filed: concurrently

For: Absorbent Neck Shield

Check box if applicable:

☐ DUPLICATE

**GENERAL AUTHORIZATION FOR PAYMENT OF FEES  
AND PETITIONS FOR EXTENSIONS OF TIME**

*Submit an original and a duplicate for fee processing*

**Mail Stop Patent Application**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

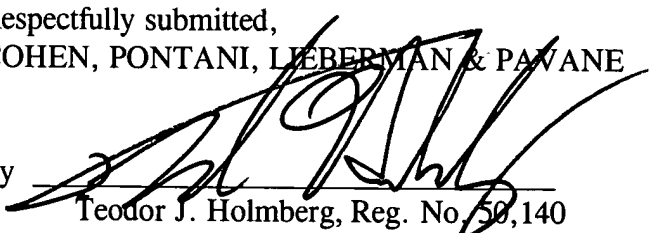
Sir:

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03-2412

- ☒ Any filing fees required under 37 CFR §1.16.
- ☒ Any patent application processing fees under 37 CFR §1.17 not otherwise paid by check.
- ☒ The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

By

  
Teodor J. Holmberg, Reg. No. 50,140  
551 Fifth Avenue, Suite 1210  
New York, New York 10176  
(212) 687-2770

Dated: November 17, 2003